Summary of Safety and Effectiveness

The Herniamesh T-Sling is substantially equivalent to the TVT (Tension-free Vaginal Tape) currently marketed by Ethicon Inc. and the BioSling TM Bioabsorbable Polymer Sling & Surgical Mesh currently marketed by Prosurg Inc. / Injectx Inc. The 510 (k) "Substantial Equivalence" Decision-Making Process (detailed)" decision tree was utilized to make a determination of substantial equivalence (see Exhibit 1). The answers to the following questions lead to a determination of substantial equivalence.

1. Does the new device have the same indication statement?

Yes, the Herniamesh T-Sling has the same intended use as the legally marketed predicate devices listed above. All are pubourethral slings for the treatment of stress uninary incontinence (SUI) resulting from unethral hypermobility and/or intrinsic sphincter deficiency. Therefore, the Herniamesh T-Sling has the same intended use as the predicate devices and is considered to be "substantially equivalent."

2. Does the new device have same technological characteristics, e.g. design, materials, indication etc?

No, the Hermiamesh T-Sling has different technological characteristics. However, the technological differences meet or exceed the functional requirements of surgical meshes compared to the predicate devices. Please refer to Table of Similarities and Differences / Substantial Equivalence to Predicate Devices.

Could the new technological characteristics affect safety and effectiveness?

Yes, the new technological characteristics could affect safety and effectiveness. The differences in safety and effectiveness meet or exceed the requirements of surgical meshes compared to predicate devices.

4. Do the new characteristics raise new types of safety or effectiveness questions?

No, the safety and effectiveness questions are not new and include issues such as materials, pore size, tensile strength, suture retention, and biocompatibility. Sufficient data has been provided in this premarket notification to address any new safety and efficacy questions. Additionally, there are a variety of other meshes currently on the market with different characteristics compared to the Herniamesh T-Sling or the predicate devices.

Summary of Safety and Effectiveness (continued)

5. Do accepted scientific methods exist for assessing the effects of the new characteristics?

Yes. The effects of the new characteristics of the Herniamesh T-Sling can be assessed by common methods utilized for surgical meshes. These include mechanical testing, scanning electron microscopy, biocompatibility and in vivo safety and effectiveness testing.

6. Are performance data available to assess the effects of the new characteristics?

Yes. These tests include mechanical testing, scanning electron microscopy, biocompatibility testing and in vivo testing.

7. Do performance data demonstrate equivalence?

Yes. The physical and mechanical characteristics of the Hermiamesh T-Sling meet or exceed those of the predicate devices. Please refer to Table of Similarities and Differences / Substantial Equivalence to Predicate Devices.

Based on this information the Herniamesh T-Sling is determined to be substantially equivalent to the predicate devices.

<u>Table of Similarities and Differences / Substantial Equivalence to Predicate Devices</u> (Continued)

Feature	Herniamesh T-Sling	Ethicon TVT	Injectx Inc BioSling TM
Burst Strength	28.4 (10 ² Kpa)	55 ± 3 (10 ² Kpa)	Substantially Equivalent
Suture Retention (N)	warp 43 weft 55 45° 52	warp 52 ± 9 weft 51 ± 7 45° 57 ± 3	Substantially Equivalent
Pore Size	797.4μ & 228.3μ Porosity 62.4%	Substantially Equivalent Porosity 87%	Substantially Equivalent
Tensile Strength	warp 31.1 weft 33.1 45° 29.7	warp 23 ± 6 weft 15 ± 5 45° 14 ± 5	Substantially Equivalent
Tissue Ingrowth	Complete tissue incorporation of implant	Complete tissue incorporation of implant	Not Tested

Note: Values for Prolene TVT were taken from the textbook: <u>Prostheses and Abdominal Wall Hernias</u> by Dr. Robert Bendavid (pages 197,200)

Table of Similarities and Differences / Substantial Equivalence to Predicate Devices

Feature	Herniamesh T-Sling	Ethicon TVT	Injectx Inc BioSling TM
510(k) No.	To be determined	K974098	K010533
Classification	Class II: Polymeric Surgical Mesh	Class II: Polymeric Surgical Mesh	Class II: Polymeric Surgical Mesh
Indication	Pubourethral sling for treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency	Pubourethral sling for treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency	Pubourethral sling for treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency
Product Design	Pre-shaped Duel-component mesh Polypropylene and bioabsorbable polymer	Pre-shaped Polypropylene mesh	Pre-shaped bioabsorbable polymer and Surgical mesh
Materials	Polypropylene & Polydioxanone (Bioabsorbable Polymer)	Polypropylene	Bioabsorbable polyester Polymer
Sterilization	EtO	EtO	EtO
Packaging	Tyvek pouch with outer heat sealed foil pouch	PVC tray with Tyvek back	Substantially Equivalent
Size	2cm x 15cm	1.1cm x 45cm	Substantially Equivalent



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY 1 5 2002

Herniamesh USA, Inc. c/o Ms. Lorena Trabucco 8 Orange Drive Jericho, NY 11753

Re: K020652

Trade/Device Name: T-Sling Regulation Number: 878.3300 Regulation Name: Surgical mesh

Regulatory Class: II Product Code: FTL Dated: February 21, 2002 Received: February 28, 2002

Dear Ms. Trabucco:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Miriam C. Provost

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

Indications for Use Form

510(k) Number: 16020	65 0	
Device Name: T-Sling		
Indications For Use:		
The Herniamesh T-sling is a durinary incontinence (SUI) res deficiency.	ual-component pulting from uret	pubourethral sling for the treatment of stress hral hypermobility and/or intrinsic sphincter
(PLEASE DO NOT WRITE E NEEDED)	BELOW THIS L	INE-CONTINUE ON ANOTHER PAGE IF
Concurrence of CDRH, Office	of Device Evalu	uation (ODE)
Prescription Use (per 21 CFR 801.109)	OR	Over-The-Counter Use (Optional Format 1-2-96)

Miriam C. Provost

(Division Sign-Off)
Division of General, Restorative and Neurological Devices

K020652 510(k) Number